

S. No. 2  
M-5-43  
v. 5-17-39  
P I X38871

14586

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 12 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3019

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnal Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 wk.  
(Specify whether in this community most of life around Holcomb years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Holcomb Mo. 35  
(If outside city or town limits, write "RURAL")

(d) Street No. City  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joshua R. Ware

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 5 minute 10 P.M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 4-11, 1944, to 4-17, 1944, that I last saw him alive on 4-17, 1944, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22 1866  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach  
for pylorus of stomach  
due to which metastasized  
liver causing  
ascites 1-2 years

8. AGE: Years 84 Months 1 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace uk 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Fisherman

11. Industry or business \_\_\_\_\_

Major findings: Of operations H&P Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name uk

13. Birthplace uk 9  
(City, town, or county) (State or foreign country)

14. Maiden name uk

15. Birthplace uk 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Donna Lemons

(b) Address Holcomb Mo

17. (a) Burial (b) Date thereof April-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lloyd Cemetery

18. (a) Signature of funeral director L. Campbell

(b) Address Campbell Mo.

19. (a) 4-21-44 (b) John M. Wilson  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. C. Wilson (M. D. or other) MD  
Address Kennett Mo. Date signed 4-20-44

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

901

RECEIVED

District Health Office No. 2,

District File Number 544-693

Date Filed 5-11-44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. W. Sanders

Licensed Embalmer No. 2289

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above!**